

**PARALEGAL SPECIALIST  
DESIGNATED OFFICE  
(703) 305-6483**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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25	(2)		/			
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

100-1000-1000-1000

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE